REQUEST, FOR PATENT FEE REFUND					
1 Date of Request: (2/6/05) 2 Serial/Patent # 10/578268					
/ / 3 Please refund the following fee(s):		4 PAI	PER ABER	5 DATE FILED	6 AMOUNT
	Filing		-		\$
	Amendment				\$
	Extension of Time		-		\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance		- "		\$
	Assignment				\$
L	Pother Search des adjustment				\$ 100
		7 TOTAL AMOUNT S /OO			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
し	Overpayment	~	С	redit Dep	osit A/C #:
	Duplicate Payment		9	141	270
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: TITLE: PARALGAL					alegal.
SIGNATURE:			P	$HONE: \boxed{70}$	3) <u>308-9140</u>
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:			E: _		
II.					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B